

Monterey Park Bruggemeyer Library VOLUNTEER APPLICATION

Name: Mr./Ms./Mrs.	Date:
(Last) (F	irst) (Middle)
Address:	Ethnic Group: Asian
City:	Black
Telephone: Home ()Work ()	<u> </u>
	Pacific Islander
E-Mail: Fax: ()	<i>\times_\text{\text{inic}}</i>
Employer:	Other:
Address:	Employment Status:
City: ZIP:	Full-Time Part-Time
Occupation:	Unemployed
Areas in which you are interested in volunteering (plea	Retired
	Other:
order of choice – 1, 2, 3, etc.):	Birth Date:/
Literacy TutorHomework AssistantChildr	III about Education I and Commisted
Office Helper Shelver Transl	Less than High School
Computer Tutor Other:	High School Diploma Some College (no degree)
Why would you like to be a library volunteer?	Some Conege (no degree)AA Degree
	Bachelor's Degree
	Master's Degree or above
What languages/dialects do you speak?	Civic Groups in Which you Participate:
What languages dialects do you speak.	(e.g. Rotary, Lions, Soroptimists, etc.)
Days/Times available to volunteer:	
Mon: From to Fri: From	to
Tues: From to Sat: From	_ to
Wed: From to Sun: From Thurs: From to	_ to
Individual to be notified in case of emergency:	
Name:	Relationship:
Address:	Telephone: ()
I understand that the above information is voluntarily suppl	
I understand that as a volunteer, I will not get paid for my so	ervices.
Signature:	Date:

Volunteers 14 – 17 years of age must complete the following:

PARENTAL CONSENT (Volunteers 14 – 17 years)

I hereby allow my child to participate in the Monterey Park Bruggemeyer Library, the City of Monterey Park's Volunteer Program. I understand that he/she is offering his/her services on a voluntary basis without anticipation of financial remuneration and I shall indemnify and hold harmless the City of Monterey Park, its Council, Commissions, Boards and their officers, agents and employees, from and against all claims, demands, losses, or liability or against any kind or nature of possible injury incurred during his/her volunteer service.

I consent to emergency medical treatment for my child and will assume all medical costs.

MEDICAL WAIVER

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Printed Name of Parent or Guardian:	
Signature of Parent or Guardian:	
Date:	
FOR OFFICE USE ONLY	
Interviewer:	Date:
Comments:	
Starting Date:	Ending Date:
Department Assigned:	Reason for Leaving:
	Total Hours of Service: